



WASHINGTON STATE DEPARTMENT OF  
**Natural Resources**

**NOTICE OF TRANSFER OF APPROVED  
FOREST PRACTICE APPLICATION/NOTIFICATION**

I hereby transfer my (our) rights, privileges, and obligations under this approved Forest Practices Application or Notification Number \_\_\_\_\_, located on the following described location: \_\_\_\_\_.  
(Section, Township, Range)

\_\_\_\_\_  
Current Landowner Signature

\_\_\_\_\_  
Current Timber Owner Signature

\_\_\_\_\_  
Current Operator Signature

**The NEW landowner, timber owner and/or operator are:**

Full legal name of <b><u>Landowner</u></b>	Full legal name of <b><u>Timber Owner</u></b>	Full legal name of <b><u>Operator</u></b>
Business Contact:	Business Contact:	Business Contact:
Mailing Address	Mailing Address	Mailing Address
City, State or Province, Country, and Zip or Postal Code	City, State or Province, Country, and Zip or Postal Code	City, State or Province, Country, and Zip or Postal Code
Phone (      )	Phone (      )	Phone (      )
E-Mail:	E-Mail:	E-Mail:

I hereby affirm that the information contained herein is true to the best of my knowledge and agree to comply with the rules and regulations authorized by the Forest Practices Act and to be bound by all conditions on the approved application or notification.

\_\_\_\_\_  
New Landowner Signature

\_\_\_\_\_  
New Timber Owner Signature

\_\_\_\_\_  
New Operator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**IF TIMBER OWNER IS CHANGED, PLEASE COMPLETE THE FOLLOWING INFORMATION:**

New Timber Tax Payer: \_\_\_\_\_

Timber Tax Registration Number: \_\_\_\_\_

APPROVED \_\_\_\_\_ Date: \_\_\_\_\_  
DNR Forest Practice Authorized Signature